

**MICHIGAN SUPREME COURT  
&  
MICHIGAN COURT OF APPEALS**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION  
FOR PERSONAL BACKGROUND INVESTIGATION**

I give permission to the Court to investigate my driving record and any criminal history. I understand that this information will become part of the confidential records of the Court, and that I will not have access to those records.

A photocopy of this release will be as valid as the original, even though the photocopy does not contain my original signature. (This authorization shall continue in effect until revoked by me in writing.)

Printed Name \_\_\_\_\_ Male ☐ Female ☐  
(Last, First, Middle)

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Month/Day/Year of Birth \_\_\_\_\_ Job Title: \_\_\_\_\_ FCRB Volunteer

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

Supervisor's Name: James Novell, FCRB Program Manager Office Location: Detroit

Is there additional information about you under a different name?

Yes ☐ No ☐ Maiden Name: \_\_\_\_\_

If yes, please explain and list names: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

A signed hard copy of this form must be sent to Human Resources within **5 business days prior to start date.**

*Kathy Falconello, Administrative Assistant*  
SCAO/Child Welfare Services Division  
*Michigan Supreme Court*  
3034 W. Grand Blvd.  
Suite 400, 8<sup>th</sup> Floor  
Detroit, MI 48202  
Fax (313) 972-3288